

Fill in this information to identify the case:

Debtor Name LEWIS M. IRVING

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number: 19-13930 (AMC)

☒ Check if this is an amended filing

## Official Form 425C

### Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: NOVEMBER

Date report filed: 01/25/2020  
MM / DD / YYYY

Line of business: CEMETERY

NAISC code: 812220

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: LEWIS M. IRVING

Original signature of responsible party

Printed name of responsible party LEWIS M. IRVING

#### 1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

	Yes	No	N/A
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answer Yes to any of the questions in lines 10-16, attach an explanation and label it Exhibit B.**

10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name LEWIS M. IRVING

Case number 19-13930 (AMC)

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

### 19. Total opening balance of all accounts

\$ 16,028.80

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

### 20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 18,563.16

### 21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 9,847.02

### 22. Net cash flow

+ \$ 8,716.14

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

### 23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

= \$ 24,744.94

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

### 24. Total payables

\$ 1,400.00

(*Exhibit E*) Income Tax 0

Property tax \$1,400.00

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

\$ 0

(Exhibit F)

#### 5. Employees

26. What was the number of employees when the case was filed?

0

27. What is the number of employees as of the date of this monthly report?

0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 15,000.00

30. How much have you paid this month in other professional fees?

\$ 0

31. How much have you paid in total other professional fees since filing the case?

\$ 0

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>14,000.00</u>	—	\$ <u>18,563.16</u>	=	\$ <u>4,563.16</u>
33. Cash disbursements	\$ <u>12,000.00</u>	—	\$ <u>9,847.02</u>	=	\$ <u>(2,152.98)</u>
34. Net cash flow	\$ <u>2,000.00</u>	—	\$ <u>8,716.14</u>	=	\$ <u>6,716.14</u>
35. Total projected cash receipts for the next month:					\$ <u>14,000.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>12,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>2,000.00</u>

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## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

000086832 01 AV 0.380 MTD01040112619415209 0055 11 07



**LEWIS M IRVING**  
**DIP CASE 19-13930 EDPA**  
**278 THORNTON RD**  
**THORNTON PA 19371**

Page: 1 of 2  
 Statement Period: Oct 26 2019-Nov 25 2019  
 Cust Ref #: 4351064070-039-T-###  
 Primary Account #: [REDACTED] 4070



### Chapter 11 Checking

**LEWIS M IRVING**  
**DIP CASE 19-13930 EDPA**

Account # [REDACTED] 4070

#### ACCOUNT SUMMARY

Beginning Balance	7,662.16	Average Collected Balance	7,248.57
Deposits	6,300.00	Interest Earned This Period	0.00
		Interest Paid Year-to-Date	0.00
Checks Paid	7,267.63	Annual Percentage Yield Earned	0.00%
Electronic Payments	613.13	Days in Period	31
Ending Balance	6,081.40		

#### DAILY ACCOUNT ACTIVITY

##### Deposits

POSTING DATE	DESCRIPTION	AMOUNT
11/06	DEPOSIT	6,300.00
	Subtotal:	6,300.00

##### Checks Paid

No. Checks: 8

\*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
11/01	144	2,400.00	11/13	150*	2,075.77
11/12	145	72.60	11/13	152*	95.76
11/12	146	50.00	11/13	154*	1,747.50
11/12	148*	606.62	11/12	155	219.38
			Subtotal:		7,267.63

##### Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
11/12	ELECTRONIC CK PMT-ARC, SPECTRUM - BHN CHECK PMT 0153	256.76
11/12	ELECTRONIC CK PMT-ARC, DELMARVA POWER CHECKPAYMT 0149	66.90
11/12	ELECTRONIC CK PMT-ARC, AT&T SERVICES CHECKPAYMT 0147	53.94
11/12	DEBIT CARD PAYMENT, *****30050168855, AUT 111119 VISA DDA PUR NEW JERSEY E ZPASS 888 288 6865 * NJ	45.00
11/13	ELECTRONIC CK PMT-ARC, AT&T SERVICES CHECKPAYMT 0151	190.53
	Subtotal:	613.13

#### DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
10/25	7,662.16	11/12	10,190.96
11/01	5,262.16	11/13	6,081.40
11/06	11,562.16		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

Bank Deposits: DIC insured FDIC Equal Housing Lender

3007-1-1-000000



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Case number 19-13930 (AMC) je

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**Begin by adjusting your account register as follows:**


- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

**Your ending balance shown on this statement is:**

2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	6,081.40
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

[illegible]

	FEDERAL BUREAU OF INVESTIGATION	DEPARTMENT OF JUSTICE	WASHINGTON, D. C. 20535
TO :	FROM :	SUBJECT :	DATE :
TO :	FROM :	SUBJECT :	DATE :
TO :	FROM :	SUBJECT :	DATE :
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TO :	FROM :	SUBJECT :	DATE :

[illegible]

FOR CONSUMER ACCOUNTS ONLY. IN CASE OF ERRORS OR  
QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,  
Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

## INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

**In case of Errors or Questions About Your Bill:**

If you think your bill is **wrong**, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the **FIRST** bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

**FINANCE CHARGES:** Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



America's Most

Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

737-MTD01040121219418421



LEWIS M IRVING  
DIP CASE 19-13930 EDPA  
278 THORNTON RD  
THORNTON PA 19371

Page: 1 of 3  
Statement Period: Nov 12 2019-Dec 11 2019  
Cust Ref #: ~~4354064335~~ 039-T-###  
Primary Account #: ~~4354064335~~

### Chapter 11 Checking

LEWIS M IRVING  
DIP CASE 19-13930 EDPA

Account # ~~4354064335~~

#### ACCOUNT SUMMARY

Beginning Balance	5,761.85	Average Collected Balance	8,620.48
Electronic Deposits	12,263.16	Interest Earned This Period	0.00
Electronic Payments	1,966.26	Interest Paid Year-to-Date	0.00
Ending Balance	16,058.75	Annual Percentage Yield Earned	0.00%
		Days in Period	30

#### DAILY ACCOUNT ACTIVITY

##### Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
11/12	DEBIT CARD CREDIT, *****30049599624, AUT 111119 VISA DDA REF THE HOME DEPOT 4121 GLEN MILLS * PA	91.49
12/02	VISA TRANSFER, *****30049599624, AUT 113019 VISA TRANSFER ALLSTATE INSURANCE COMPA VISA DIRECT * WI	12,171.67
	Subtotal:	12,263.16

##### Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
11/12	DEBIT CARD PAYMENT, *****30049599624, AUT 110819 VISA DDA PUR ATT BILL PAYMENT 800 288 2020 * TX	285.86
11/12	DEBIT CARD PURCHASE, *****30049599624, AUT 110919 VISA DDA PUR THE HOME DEPOT 4121 GLEN MILLS * PA	150.00
11/12	DEBIT CARD PURCHASE, *****30049599624, AUT 110819 VISA DDA PUR IDL PROSVENT 1 OF 1 800 7439854 * CA	99.75
11/12	DEBIT POS, *****30049599624, AUT 111219 DDA PURCHASE WAL MART 3252 BOOTHWYN * PA	78.40
11/12	DEBIT CARD PURCHASE, *****30049599624, AUT 110919 VISA DDA PUR DICOSTANZA S QPS BOOTHWYN * PA	59.94
11/15	DEBIT POS, *****30049599624, AUT 111519 DDA PURCHASE CVS PHARMACY 04 04984 GLEN MILLS * PA	22.22
11/18	DEBIT POS, *****30049599624, AUT 111519 DDA PURCHASE COSTCO WHSE 1114 GLEN MILLS * PA	120.31
11/18	DEBIT POS, *****30049599624, AUT 111719 DDA PURCHASE COSTCO GAS 1114 GLEN MILLS * PA	45.70
11/18	DEBIT POS, *****30049599624, AUT 111819 DDA PURCHASE COSTCO GAS 1114 GLEN MILLS * PA	32.20
11/19	DEBIT CARD PURCHASE, *****30049599624, AUT 111719 VISA DDA PUR SOUTHWES 526214235096 800 435 9792 * TX	61.98
11/21	DEBIT CARD PURCHASE, *****30049599624, AUT 112019 VISA DDA PUR SQ MARTEL ENTERPRI ASTON * PA	130.50

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)

Case number 19-13930 (AMC)

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**Your ending balance shown on this statement is:**

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- Subtotal by adding lines 1 and 2.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	16,058.75
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

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2014年11月15日 星期六  
 第11111号  
 第11111号

DATE	PAID FOR	DOLLARS	CENTS
Total			
Withdrawals			

FOR CONSUMER LOAN ACCOUNTS ONLY - BILLING RIGHTS SUMMARY

**In case of Errors or Questions About Your Bill:**

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error.
- If you need more information, describe the item you are unsure about.

- You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

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Debtor Name **LEWIS M. IRVING**

Case number **19-13930 (AMC)**

LEWIS M IRVING  
DIP CASE 19-13930 EDPA

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Statement Period: Nov 12 2019-Dec 11 2019  
Cust Ref #: 4351064335-039-T-###  
Primary Account #: 435-1064335

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
11/22	DEBIT CARD PAYMENT, *****30049599624, AUT 112119 VISA DDA PUR AT T BILL PAYMENT 800 331 0500 *TX	24.58
11/25	DEBIT POS, *****30049599624, AUT 112519 DDA PURCHASE THE HOME DEPOT 4121 GLEN MILLS *PA	156.73
11/25	DEBIT POS, *****30049599624, AUT 112519 DDA PURCHASE COSTCO GAS 1114 GLEN MILLS *PA	19.10
11/25	DEBIT POS, *****30049599624, AUT 112519 DDA PURCHASE CVS PHARMACY 04 04984 GLEN MILLS *PA	16.76
11/27	DEBIT POS, *****30049599624, AUT 112719 DDA PURCHASE COSTCO WHSE 1114 GLEN MILLS *PA	150.64
11/29	DEBIT POS, *****30049599624, AUT 112919 DDA PURCHASE CVS PHARMACY 04 04984 GLEN MILLS *PA	111.98
12/04	DEBIT POS, *****30049599624, AUT 120419 DDA PURCHASE COSTCO GAS 1114 GLEN MILLS *PA	51.32
12/06	DEBIT POS, *****30049599624, AUT 120619 DDA PURCHASE PUBLIX PALM HARBOR *FL	93.16
12/10	DEBIT CARD PAYMENT, *****30049599624, AUT 120919 VISA DDA PUR ATT BILL PAYMENT 800 288 2020 *TX	255.13
	Subtotal:	1,966.20

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
11/11	5,761.85	11/25	4,549.31
11/12	5,179.39	11/27	4,398.67
11/15	5,157.17	11/29	4,286.69
11/18	4,958.96	12/02	16,458.36
11/19	4,896.98	12/04	16,407.04
11/21	4,766.48	12/06	16,313.88
11/22	4,741.90	12/10	16,058.75

LEWIS M. IRVING

19-13930AMC

EXHIBIT C

DEPOSITS

DATE: 10/26/19 TO 12/11/19

11/6	6,300.00
11/12	91.49
12/2	12,171.67
TOTAL	18,563.16

LEWIS M. IRVING

19-13930AMC

EXHIBIT D

DISBURSEMENTS

DATE: 10/26/19 TO 12/11/19

ACCT 4070

CHECKS

11/1	2,400.00
11/12	72.60
11/12	50.00
11/12	606.62
11/13	2,075.77
11/13	1,747.50
11/12	219.38
SUB TOTAL	7,267.63

11/12 CK SPECTRUM	256.76
11/12 ELEC CHECK DELMARMA POWER	66.90
11/12 CK ATT	53.94
11/13 DEBIT NJ EZPASS	45.00
11/13 CK ATT	190.53
SUB TOTAL	613.13

ACCT 4335

11/12 DEBIT ATT	285.86
11/12 DEBIT HOME DEPOT	150.00
11/12 DEBIT IDL PROSVENT	99.75
11/12 DEBIT DICOSTANZA	59.94
11/15 DEBIT CVS PHARM	22.22
11/18 DEBIT COSTCOWHSE	120.31
11/18 DEBIT COSTCO GAS	45.70
11/19 DEBIT SOUTHWEST	61.98
11/21 DEBIT SQMARKET ENT	130.50
11/22 DEBIT ATT	24.58
11/25 DEBIT HOME DEPOT	156.73
11/25 DEBIT COSTCO GAS	19.10
11/25 DEBIT CVS	16.76
11/27 DEBIT COSTCO GAS	51.32
12/6 DEBIT PUBLIX	93.16
12/10 DEBIT ATT	255.13

SUB TOTAL	1,966.26
TOTAL	9,847.02